

REPOSITORY

DOE/PASO

COLLECTION

DOE/NV

BOX No.

1236

FOLDER

BNL FOLDER #3

FY 1979

MEDICAL PROGRAM

PASO COMMENT
ON DR. PRATT'S
COMPLAINTS

No useful purpose will be served by an exhaustive point by point discussion of Dr. Pratt's complaints. However, a summary of where we stand on the entire problem area would be helpful. Such a summary follows:

1. All medical objectives of the three BNL medical survey trips in 1979 were accomplished in a satisfactory manner. This would seem to be a central consideration in reviewing what has transpired. However, this fact seems to have been lost under a mountain of trivia.
2. All complaints that Dr. Pratt levied at Likatanur II, however trivial, have been rectified. Most had already been corrected by the time his trip reports were issued. The only exception to this statement is the adequacy of berthing space. Dr. Pratt has (inexplicably) refused PASO's offer to expand the berthing space available by making two (2) more compartments available for berths.
3. Dr. Pratt is adamant that Likatanur II should be classified as a "passenger carrying vessel" rather than as a "Oceanographic Research Vessel". If he is successful in having the U.S. Coast Guard agree with him that the classification of "passenger carrying vessel" applies to Likatanur II, then the BNL medical program as well as all other DOE programs which use Likatanur II are finished unless a suitable replacement vessel can be located. A replacement vessel is neither economically nor operationally feasible in the near term. The subject of vessel classification is an extremely technical and complicated matter. Even the U.S. Coast Guard has difficulty in interpreting the CFR which pertains to the subject (CFR 46).

It is possible, that DOE can obtain an exemption from the Coast Guard for Likatanur II on the basis that it is de facto if not de jure a "public vessel". CFR 46, Sub part 70.05-1 deals with the application of CFR 46 to vessels. It states "except as follows":
'any vessel with title vested in the United States and which is used for public purposes'.

I recognize that title to Likatanur II does not vest in the U.S., but possibly because of our total control of the vessel an exception can be granted. I am certain that Dr. Pratt will oppose such action, regardless of the alternative consequences.

4. Dr. Pratt thinks that Liktanur II is a vessel subject to the rules and regulations of the BNL and that as Party Chief he is in charge of Liktanur II as "the charterer". This is simply not the case. BNL is utilizing, as a tenant, a U.S. Government furnished facility (Liktanur II). The DOE (PASO) is in charge of Liktanur. Dr. Pratt's activities are (or should be) limited to the medical program, per se.
5. The tactics employed by Dr. Pratt in waging his vendetta against C. E. Otterman, Harry Brown, and Liktanur II have created personnel problems for PASO which will be difficult to overcome. The General Manager, Holmes & Narver, PTD has encountered similar problems. Simply put, I will have difficulty finding either a senior PASO or H&N representative willing to accompany BNL on future medical surveys (if there are to be any).
6. Many of the problems that we have encountered with Dr. Pratt could have been avoided with clear policy direction, guidance and assignment of responsibility by the office of the ASEV. Unless we can obtain such policy guidance, we can expect to have more of the above in the future.

DR. PRATT'S COMPLAINTS CONCERNING
LIKATANUR II, U.S. OCEANOGRAPHY,
CHARLES OTTERMAN, HARRY BROWN
AND BILL STANLEY

- ✓ A. Letter from Dr. Pratt dated December 5, 1978, to Multiple Addressees after Dr. Pratt had visited Likatanur II twice.

"The most exciting news is that we have just completed the contract negotiations for our own vessel--the Egabraq, soon to be renamed the Likatanur II. The accommodations on this ship appear to be much improved over our previous surveys."

- ✓ B. Letter dated December 1, 1978, to W. J. Stanley.

"As each day unfolds and we come face to face with new and more unusual requests (demands) from Mr. Otterman regarding the details of this charter arrangement, I find myself more and more skeptical about the future renewal of this contract. I assume that the previous administrative arrangements concerning the control of the vessel, schedule, and the disposition of the vessel in port will be as it has been in the past with our previous vessel and that the survey leader will have administrative control over those things that do not involve the safety of the ship. I have the impression that Mr. Otterman considers the medical Survey to Utirik and Rongelap some sort of a romantic, South Pacific interlude, and my past experience has shown me that he can be quite demanding and unreasonable at times."

"Please give my best to Harry and Wayne. I think they have done a superb job. Each of them is now eligible for the Purple Heart."

- C. Dr. Pratt's Trip Report dated March 14, 1979, on the First BNL Medical Survey (Jan/Feb '79)

"1. Charter/Contract Deficiencies: During the initial contract negotiations in San Diego, Mr. Otterman presented a brochure outlining his proposed method of operation for transferring patients from ship to shore. I assumed since he was an experienced maritime contractor, that he had studied the charts carefully and knew of the existing oceanographic characteristics of the beaches he was attempting to approach. In essence, what he proposed was bringing the ship as close to shore, bow on, and then positioning a set of barges to provide a walk-on capability for the patients from the island. I informed him specifically "what was the minimum draft, forward obtainable by trimming the ship? He indicated that he could reduce the forward draft to four feet. (Please see enclosure 1, copies of his initial proposal.) During those initial negotiations, I had

indicated both to Harry Brown and Wayne Munk from Holmes & Narver that I considered the ship marginal in size but that the walk-on capability swung the decision in favor of U.S. Oceanography. Therefore, any change in that plan of operation should have been transmitted to me immediately. It was not. During our initial discussion on 29 January, I was informed that if I "insisted" on using the barge concept there would be a two to three week delay in the sailing of the ship. Since we were already four days behind schedule and our medical consultants were due to arrive on the 31st of January, the prospect of holding the consultants for a two to three week period was untenable. We were forced to devise an alternate plan. That plan included fabricating a semi-stable 8 x 8' platform to be located under the gangway and utilizing Boston Whalers to pick the patients up on shore and transfer them to the platform. U.S. Oceanography had listed two whalers as ships equipment. Those whalers were not brought with the ship to Kwajalein. Again, a deficiency in the initial contract. They relied upon the DOE whalers that were located on Kwajalein. Those two whalers, I had been previously informed by the Global Marine Dept., were in "bad shape". One of them was declared "unsafe" because of worn steering cables. These were the whalers that they proposed using for patient transfer. I was aware that the ship had been in harbor in Honolulu for about 24 days. During this period of time, I feel an effort should have been made to make the necessary modifications to carry the barges. Instead, this time was utilized to install such "critical" items as a large automatic ice machine which was not required for the medical mission at all, and a gas barbecue grill.

A second deficiency involved the rigging of protective canvas for the medical staff and the patients. In San Diego, during our preliminary talks, we agreed that a canvas cover should be rigged from just forward of the wheel house to the forward part of the well deck to provide shade and rain shelter for both the patients and the medical teams working in exposed areas. No provision had been made for such protection and during the entire survey bits and pieces of canvas and plywood were used in a haphazard manner to attempt to give cover. On all occasions the cover leaked, providing a number of problems for laboratory personnel and to the staff in the open areas. The medical party's dining area was on the 01 level aft. A canvas fly had been rigged over this area but it was open on all sides. Since we were operating with constant trade winds varying from 10 to 30 knots, any rain was driven horizontally across this deck rendering the area virtually unusable during the frequent showers we encountered.

During our initial discussions in San Diego, I emphasized the fact that on large medical surveys there was the distinct possibility that we would have at least 18 scientific personnel aboard and would, in addition, probably pick up one or two medical evacuations at a minimum, for a total of 20 required berthing areas. Somehow during the contract negotiations, this figure was reduced to twelve and I was never notified of this change. During the initial discussions plans for a waiting bench to be installed in the forecabin were included for the use of patients waiting to be x-rayed. This bench was never installed. My original plans for the

berthing area included provisions for showering and shaving for the medical party apart from the patient examination area. These plans again were altered (please see ship plans) and the final arrangement was for our entire medical party of 14 to use one head, one shower and one shaving mirror. This presented serious problems when everyone arose at the same time and attempted to get ready for the days examinations. The ship's brochure (enclosure 1) stated a two ton freezer capacity. Apparently this capacity was sacrificed in the conversion of holds 1 and 2, leaving us with inadequate cold storage space and much of the fresh fruit that we were carrying to the outer islands as gifts for the study group rotted in transit.

- ✓ 2. Maritime Problems/Ships Safety: Throughout the entire cruise, no organized safety drill or instructions were given by the ship to the medical party. We were not informed as to where the life vests were stored nor how to use the life rafts (many of the medical team were weak- or non-swimmers).

There were no fire extinguishers in the medical berthing area. Egress from the berthing area (hold #2) was through one heavy water-tight hatch leading forward through a high hazard area, i.e., x-ray and laboratory areas (containing flammable chemicals and high voltage), then up a ladder and aft onto the well deck. A second hatch leading aft went through a cluttered machine shop, into a battery room with no egress. There was no outside ventilation into the berthing area that I could find. The water-tight hatch controlling access to the medical berthing area had no latch. When trying to pass through the hatch in high seas, the heavy hatch would swing violently. A piece of cord was finally tied to the hatch to keep it open. The outboard passageways, both port and starboard on the main deck level required climbing over a totally exposed fore and aft ladder with no safety lines. Since our passage was in heavy weather with severe rolling and pitching, we could easily have lost one of our party over the side and never have missed him (see pictures). From the health standpoint, the berthing area was inadequate. One bunk was under an airconditioning unit and throughout the first night at sea that bunk was drenched about every 30 minutes by 2-4 ounces of ice cold water. In addition, Dr. Nicoloff complained repeatedly about the "stagnant air in the berthing compartment." The large air conditioning unit which was integral and recirculating for the compartment rendered the area either too hot or too cold.

"In our preliminary correspondence and in phone conversations with Mr. Brown in Honolulu I stressed the importance of having an outer island pilot for the survey and recommended Mr. Paul LaPoint who has had extensive experience with previous medical surveys. While in Honolulu, I was informed that a Mr. deBrum was to serve as outer island pilot. While we were in Kwajalein we were informed that Mr. deBrum would not be available and Mr. Brown attempted to obtain the services of Mr. LaPoint, unsuccessfully. Therefore, the ship sailed for the outer islands without an outer islands pilot. The Marshallese members of the medical team were

asked to serve unofficially as guides when entering the pass at Rongelap and Utirik. I was unaware of this request. This is not their function and they were placed in a difficult position because of this request. The pass at Utirik is difficult for an experienced Marshallese navigator. We approached that pass in the early afternoon with good visibility, about a 2' sea, and just before high tide. As the ship approached the reef we noted a redfiberglass boat which I recognized as belonging to the island of Utirik approaching across the atoll. The boat was also spotted by Mr. Otterman who was conning the ship and by the navigator who was on the roof of the pilot house. The small Marshallese boat could have closed with the ship within 20 to 30 minutes if we had held our position outside the atoll. However, the decision was made to proceed without adequate pilotage. The ship missed the Utirik pass, passing over the reef approximately 200 yards south. Mr. Otterman claims that the ship went through the pass. I can provide at least five affidavits from people who have been in and out of that pass repeatedly that we were well south of the pass and passed over the reef. Luckily, the ship draws only about 8' of water and with an exceptionally high tide we were able to get over the reef without encountering any obstructions. This set of circumstances is fortuitous and, in light of the ready availability of a knowledgeable Utirik pilot, showed very poor maritime judgment."

"During the two day loading period before we sailed, it quickly became apparent that Mr. Otterman, who was functioning as the Captain of the ship (although he was not the registered master of the ship) was extremely upset about the volume of supplies that were being loaded by the medical team."

"Another serious problem involving administration/public relations that developed on Rongelap involved the distribution of candy ashore by Mr. Otterman. Three of the most serious conditions encountered in the Marshallese are maturity onset diabetes, severe dental caries and exogenous obesity. The medical group had discussed these problems at some length and in our preplanning had decided that we would restrict, as far as possible, the delivery of free sugars in the form of candy to the people. This decision was the foundation of our initial nutritional educational program and was an integral part of the medical card of this survey. I think it was on the second day of our visit to Rongelap that I noticed Mr. Otterman standing on the beach surrounded by children passing out something from a bag. I left the screening process aboard ship and went ashore and found that Mr. Otterman was passing out candy and chewing gum to the children."

"The first was obviously the medical survey goals that we were attempting to achieve, but equally important was our public relations stature. I think a review of past performance of this program has revealed that the medical care has been excellent but there have been major problems that have arisen in the public relations area. I consider this a very important aspect of the Marshall Islands medical survey. During this survey that public relations effort was compromised."

"It's obvious from the length and detail of this report that I consider the ship logistic support for the January-February medical survey to be inadequate. I have presented all of the foregoing observations and opinions in writing, in a rough draft, to Mr. Stanley, Mr. Brown and Mr. Ray. I did this specifically to alert them to the problems, as I saw them, prior to the Users Conference that was scheduled for February 28th, in Livermore, California. I anticipated that a very delicate administrative problem would develop during the Users Conference since Mr. Otterman had been invited to that conference. I requested that the concerned DOE representatives have a preliminary meeting at Livermore, prior to the conference, to attempt to resolve these problems and not to use the conference itself as a forum for the discussion of the details of the survey. Unfortunately, we were unable to accomplish this. I can expand on why this was not accomplished if necessary. During the Users Conference, I was asked if I felt that the ship was adequate for future medical surveys and I indicated that, based on past experiences and performance, I did not feel that it would be suitable."

"I understand the funding for this charter has come primarily from the Medical Division of DOE and it is my firm opinion that this ship will be unsuitable for any extended use by the medical program."

"2. Ship-Safety

A. Throughout the entire cruise, no organized safety drill or instruction was given by the ship. We were not informed where the life vests were stored or how to use the life rafts. (Many of the medical party were weak or non-swimmers.)

B. There were no fire extinguishers in the medical party berthing area.

C. Egress from the berthing area was through one hatch, leading forward through a high hazard area, i.e. the x-ray and laboratory areas (containing inflammable chemicals and high voltage) - then up a ladder and aft into the well deck. A second hatch leading aft went through a cluttered machine shop, into the battery room with no egress. There was no outside ventilation into the berthing area that I could find.

D. The water tight hatch controlling the medical berthing area had no latch. When trying to pass through the hatch in high seas, the heavy hatch swung violently. A piece of cord was finally tied to the hatch to keep it open.

E. The outboard passageways, both port and starboard, on the main deck level required climbing over a totally exposed - fore and aft ladder with no safety lines. Since our passage was in heavy weather with severe rolling and pitching, we could easily have lost one of our party over the side and never have missed them (see pictures)

F. From a health standpoint, the berthing area was inadequate. Dr. Pratt's bunk was under the air conditioner unit and throughout the first night he was drenched by ice cold water, two to four ounces about every hour (as the condensation pan would overflow). In addition, Dr. Nicoloff complained repeatedly about the "stagnant air in the berthing compartment". The medical team was either freezing or too hot."

✓ D. Dr. Pratt's letter dated June 25, 1979, to Director, PASO

"In your letter of June 11th, your second paragraph, you note that DOE does have "... an excellent vessel for our current mission." I'm afraid, from the standpoint of the BNL medical team that we are unable to support that opinion. I understand the very grey area that the ship falls into from the standpoint of official Coast Guard regulations concerning certification of crew. I find it amazing in Commander Utara's letter to you of 1 June 1979 regarding the crew of the Likatanur II that Otterman, Coberly, Whitney, Koschen and Wrightman are listed as Able Seaman and Conway and Duckett as ordinary seaman wipers. As I understand it, and I would greatly appreciate it if you would correct me on this, I believe that Keith Coberly has his Masters papers. Is that not correct? I believe that it was the consensus of the group that met in Germantown on March 29th that the contract vessel comply with the Occupational Health and Safety Guide as published by Brookhaven National Laboratory under Marine Safety. I'm enclosing a copy of the first 5 pages of that document to refresh your memory. I thought that all members of that discussion group had a copy. On page 5 of that document under Responsibilities it states that the Department Chairman, in this case Dr. Cronkite, is responsible for insuring implementation of this guide. "Specifically they shall designate qualified and licensed Masters and a Marine Supervisor. I have discussed this matter with Dr. Cronkite and he has agreed completely that whoever is in control of the BNL medical survey ship shall be qualified and licensed as a Master. I then invite your attention to page 4 under Definitions, Section D Master (qualified and licensed) a person responsible for the operation of the vessel who has had experience with similar vessels on a body of water like that on which the individual expects to operate and who holds a validated operators or superior license. Those in essence are the requirements for BNL participation in a survey. There is another item in the letter of the 11th, namely, a letter dated 17 April 1979 to Mr. Otterman from Commander Utara. I quote at length from that letter because these are very important quotations and differentiations." With reference to your letter of 13 April 1979, I find the Likatanur II, ON572028 an oceanographic research vessel as defined in Section 441 of Title 46 U.S. Code. An oceanographic research vessel is not considered a "passenger vessel," a "vessel carrying passengers" or a "passenger carrying vessel" under the provisions of the U.S. Merchant Vessel Inspection and Manning Laws. Additionally, an oceanographic research vessel shall not be deemed to be engaged in trade or commerce. However, all other regulations remain applicable. Now the most important paragraph of all in this entire letter is included in the next few lines "you are reminded that my determination is predicated upon the assurance

that the Liktanur II is being employed exclusively in instruction in oceanography or limnology, or both, or exclusively in oceanographic research." I end my quotation of the letter at that point and I would like to make it perfectly clear that Brookhaven Medical Survey team is in no way involved in oceanographic or limnographic research, or that this ship is used exclusively in an oceanographic research program. The BNL medical program is basically a passenger carrying program, the passengers being the medical survey team and such patients and passengers as are deemed necessary for completion of our assigned mission by the Department of Energy. To label what we are doing "oceanographic work" is a complete misnomer. Therefore, under the intent of this letter I would say the Liktanur II could not be considered an oceanographic research vessel and would request that Commander Utara reevaluate the requirements for the operation and manning of this vessel."

E. Dr. Pratt's May - June, 1979 Trip Report (with photos)

"It had been my opinion since the original contract negotiation that this ship was marginal for support of the medical program. Even with the partial correction of the prior deficiencies, the habitability of the spaces assigned to the medical survey party was unsatisfactory. We had a number of small epidemics of upper respiratory infections and viral gastro-intestinal illnesses during the trip due primarily to crowding in the berthing areas (please see Enclosure V). With the inevitable expansion of each succeeding medical survey this problem will quickly become the limiting factor.

I agreed to an interim renewal of the ship's contract for this year while some more suitable means of support was obtained with the understanding that the present ship will compromise the medical mission during the remainder of calendar 1979 and early 1980. The reasons for, and characteristics of, the replacement support system should be discussed at the Department of Energy as soon as possible."

"A few minor problems in ship support developed during the voyage. They were: 1) The cook was very susceptible to seasickness and very little food was provided while the ship was underway. His cooking at anchor or at dockside was superb. 2) The main hatch dog for the watertight hatch between the medical berthing area and the head was fabricated from light strap aluminum. It bent as soon as the ship began to roll heavily and the weight of the door, smashing against the insulated bulkhead dented it badly. Again, the hatch presented a hazard to the medical party in the berthing area. 3) A second watertight hatch leading from the forecabin to the well deck was also secured inadequately with a light hook. This heavy hatch again broke loose during heavy rolling and was finally secured by a line (Please see Enclosure V, photographs of latches and bulkheads). 4) The cargo containers (vans), that had been converted into the medical examination rooms developed a number of severe leaks during the heavy rains.

This restricted our operations on several occasions. In addition, the canvas cover between the vans also leaked during heavy rains. A rerigging of the canvas and repairs of the leaking roof will be necessary before the next medical survey."

"2) Since the medical berthing spaces for staff and patients are inadequate we will need to restrict the scope of the medical examinations and the number of patients to be seen in future surveys. I would recommend that no more than 8 staff be housed in hold #2."

F. Dr. Pratt's Letter of October 29 to Cdr Utara, U.S. Coast Guard, Honolulu

"I was present at the initial negotiations with the U.S. Oceanography for the vessel, Egabrag, in San Diego a year ago. At that time, I explained in detail that the medical team included distinguished physicians from throughout the United States and other nations. In addition, we carry a team of Marshall Island medical personnel, including, usually, a Medical Officer, and a number of technicians and translators. The total number of passengers on the average medical survey is 17. I gave this figure to Mr. Otterman and Mr. Harry Brown during the negotiations and included the fact that, in addition, we usually picked up from two-to-four Marshallese patients as passengers on each one of our trips. Notwithstanding, I understand that during contract negotiations a clause was added limiting the berthing spaces for the scientific party to 12. On our trip during May and June of 1979, we had 18 additional Marshallese patients as passengers.

The first priority for ship usage, as stated by the Department of Energy Directors of the Marshall Island Studies, goes to the medical programs supported by Brookhaven National Laboratory. In essence, this ship is used much like a hospital ship, specializing in outpatient care, although we have had to deliver one child to a passenger on a trip between Utirik and Kwajalein. This would be classified as inpatient care by most medical facilities.

The problem then becomes your classification of this vessel. I would like to quote directly from your letter of 17 April 1979 to Mr. C. Otterman concerning the mission of this vessel.

"With reference to your letter of 13 April 1979, I find the Liktanur II, ON 572028, an oceanographic research vessel as defined in Section 441 to Title 46 U.S. Code. An oceanographic research vessel is not considered a "passenger vessel", a "vessel carrying passengers", or a "passenger-carrying vessel" under the provisions of the U.S. Merchant Vessel Inspection and Manning Laws. Additionally, an oceanographic research vessel shall not be deemed to be engaged in trade or commerce. However, all other regulations remain applicable...you are reminded that my determination is predicated upon the assurance that the Liktanur II is being employed

Page 10 of 13

ENCLOSURE I

5051633

exclusively in instruction in oceanography or limnology or both, or exclusively in oceanographic research."

If you will study the log of this vessel, you will see that a very small percentage of its time is devoted to oceanography (by the most liberal definition), and none to limnology. The clarification of the classification of this vessel has become a very serious problem since the Holo Holo event and recent loss of another seaman (Enclosure 2).

Brookhaven National Laboratory has established its own "marine safety" guide (Enclosure 3) abstracted from applicable OSHA and Coast Guard directives.

As principal investigator and leader of the scientific party, their safety is my primary concern. I am enclosing a copy of my first trip report of the medical survey of January and February 1979 with a detailed report of the marine safety deficiencies discovered aboard Likitanur II (Enclosure 4).

Ship safety has been a lifelong interest of mine. I retired from the U.S. Navy in 1973, after 30 years of service. The first two years I served as an enlisted man, working with damage control. I then served nine years as a line officer and, subsequently, nineteen years as a medical officer. Much of that time, both as a line officer and as a medical officer, was spent aboard a number of ships, both large and small. As senior medical officer, I was an active member of the ship's safety committee. In addition, I served on a number of operational readiness safety inspection teams for the Atlantic Fleet.

I understand fully your problems with the very nonspecific directives covering a vessel of this size. However, as the Holo Holo tragedy so clearly demonstrates, the regulations need tightening. The Likitanur II is undoubtedly a passenger-carrying vessel and requires the added protection granted to such a vessel by rigid safety and crew qualifications."

G. Dr. Pratt's Sept - Oct 1979 Trip Report

"We were met at the airport by Bill Scott, the BNL field director, who informed me that there was a serious problem developing concerning the payment of per diem to patients on the study list. At that time he provided me with a verbatim copy of a radio announcement that had been transcribed by Harry Brown and broadcast about three weeks previously over the Marshall Islands radio network (please see enclosure 2). In this radio message Mr. Brown invited all members of the BNL study group who were living on other islands to travel to either Majuro or Ebeye for examinations by the BNL team. It also stated that subsistence per diem and travel expenses would be provided. I found this information quite disturbing because on the previous day I had had a long discussion with Harry and he failed to mention this very important statement of policy."

Page 11 of 13

ENCLOSURE I

5051634

"You will note that \$2,000, rather than \$1,000 had been forwarded and that a per diem rate of \$27.00/day was arbitrarily set as an unique exemption for this group of examinees."

"At this point I would like to emphasize the fact that in my pre-planning letter (Enclosure 6) for this survey, I had strongly urged the PASO office to provide a DOE representative for the entire trip. While in Honolulu I discussed this matter with the PASO staff and after a discussion with Bruce Wachholz and Bill Stanley, Bill agreed to accompany the survey. However, when I arrived at Kwajalein I received a message (Enclosure 7) that Bill Stanley would be unable to make it and that Ted Murawski, a Holmes and Narver employee, who had worked as the DOE/DNA coordinator on Kwajalein, would be the substitute. Again, during the examination of patients on Ebeye, a large percentage of my time was spent in explaining to people why they had not received their per diem money and attempting to take care of their housing and financial needs."

"On the following day we departed for Utirik. Again we ran into moderate to heavy swells. The ship was pitching so badly that Captain Coberly chose to tack across the waves at 4.5 knots to prevent excessive hull strain. He had originally attempted to head directly into the seas. The ship, in pounding head on into 10' seas would slam through the seas and then develop a prolonged low-frequency oscillation that was induced by the heavy 30 ton crane amidships. It was felt by Keith Coberly and the Chief Engineer, Monroe Wrightman, that the severe pounding and vibration that the ship was taking would be much improved by alternate tacks. This proved to be the case. However, it greatly prolong the steaming time from Rongelap to Utirik."

"At this point I would like to express my profound admiration and sincere appreciation to all of the members of the crew of the Liktanur II who frequently went out of their way to make our trip more comfortable. They are fully aware of the difficulties that the medical party encounters in using this ship and attempted to do all they could to remedy its defects."

"As we discussed at Livermore, I am funneling all requests for either the Department of Energy, Marshall Islands, TT, or Missile Range Support through your office". That statement was prompted by the repeated request by Mr. Harry Brown to allow him to handle all public announcements for our program "because of his proximity to, and contacts with, the new Marshall Islands government". I agreed to this course of action. The final paragraph of Enclosure 6 gives the exact details of my requested arrangements for the meeting with the people of Bikini, Rongelap, and Utirik--both from Majuro and Ebeye.

Not only did Harry Brown fail to provide for the requested meetings, but he extended an invitation to the members of the BNL medical

study group living on other islands to travel to Majuro or Ebeye stating "You will be reimbursed for the cost of your transportation, food, and expenses while on Majuro or Ebeye". (Please see Enclosures 2 and 3).

This unique, unilateral field decision of medical policy had never been discussed with me. If it had, I would have firmly vetoed it.

Table II presents a summary of the 1979 examinations, showing what we had accomplished prior to Mr. Brown's announcement and the changes as a result of his announcement. We should keep in mind that the family from Jaluit, that I found awaiting us in Majuro, were entitled to \$54.00/day throughout their stay on the island. There was a very good possibility that at least a month or longer would pass before they could return to their home island. Their two routine physical examinations would cost the Department of Energy \$1,674--and probably much more, depending on the Trust Territory ship schedules. A review of Table II reveals that prior to the September-October survey we had completed 98.6% of our examination of the exposed people of Rongelap and Ailinginai; 94.6% of the examinations of the exposed people of Utirik, and 84.6% of the matching unexposed group. A quick review of any long-term prospective study will reveal that those percentages are unusually high followup figures. The addition of a few patients--at great expense to the BNL medical program--will have little or no impact on our scientific data.

In addition, at the conclusion of our stay in Majuro we were presented with a bill from Reynold DeBrum for \$2,125 (please see Enclosure 9) for transportation of the Bikinians between Ejit and Majuro. Mr. Bill Scott, the BNL field director, was amazed at this bill. He stated that on our previous trip (May-June 1979), we had assumed that the Marshall Islands government was providing the transportation. Upon questioning Mr. Brown he admitted that he had made the arrangement for the use of the boat for our survey. We were unaware of any charges until the final day. If I had known the cost of transportation I would have made other arrangements for the examination of the Bikinians. As I explained to the Bikinians, we have no funds for their medical support, will do what we can with the resources provided. Mr. Brown again had made a unique, arbitrary decision, directly affecting the medical mission, both by precept and by financial commitment. I totally disagree with that decision. A third example of this independent, arbitrary type of action concerns the decision by Mr. Brown to pay the people of Ejit \$10.00 per visit to the wholebody counting team for the "dislocation allowance". Tony Greenhouse, director of the BNL wholebody counting team, has just informed me that this decision was made by Mr. Brown and not by Mr. Greenhouse. The preceding examples of Mr. Brown's direct, unsolicited interference with Brookhaven National Laboratory medical programs are very serious problems. When I questioned Mr. Brown in Honolulu on the return from the September-October survey about these problems, he explained "I goofed". I fail to find that an adequate explanation."